### ATTACHMENT 5 BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the <u>Bid/Bidder Certification Sheet</u>. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with <u>original signatures</u>. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

### An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

1. Company Name 2. Telepho 2. Telepho 2. Telepho 2. Telepho 2. Telepho 2. Telepho 2. Telepho 2. Telepho 2. Telepho 2. Telepho 3. Telepho 3. Telepho 4. Tel	2a. Fax Number 2b. 1850 98 1834 6858					
2b. Email Address Mells Sav (& dillardeny, com)						
3. Address BOX 579, Bynn, CA 94514						
Indicate your organization type:	/					
4. Sole Proprietorship 5. Partners	hip 6. Corporation					
Indicate the applicable employee and/or corporation number: 7. Federal Employee ID No. (FEIN) 943082975	8. California Corporation No. 1627101					
Indicate the Department of Industrial Relations information:  9. Contractor Registration Number						
Indicate applicable license and/or certification information:						
10. Contractor's State Licensing	11. PUC License Number					
Board Number 624665 A HAZ/ASB	CAL-T-					
12. Bidder' Name (Print) Mellssa Roach	13. Title VICE PRESIDENT					
14. Signature	15. Date / / / / / / / / / / / / / / / / / / /					
16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business						
Enterprise Services (OSDS) as:						
a. Small Business Enterprise Yes No b. Disabled Veteran Business Enterprise Yes No lf yes, enter certification number:						
If yes, enter certification number:  If yes, enter your service code below:						
NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes".						
Date application was submitted to OSDS, if an application is pending:						
17. Are you a Non-Small Business committing to the use of 25% Certifie Yes \(\sigma\) No \(\textstyle{\textstyle{\textstyle{1}}}\)	d Small Business Subcontractor Participation?					
If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid.						

## ATTACHMENT 1

Bid Proposal for Hazardous Waste Agreement

Item Number	Column A
Item Description	Column B
Unit of Measure	Column C
Estimated Quantity	Column D
Unit Cost	Column E
Total Amount (unit cost multiplied by estimated quantity)	Column F

not be used for determining prevailing wage hourly rates. Also refer to this Agreement's Exhibit A, Scope of Work. \*\* entitle a specific type of service and/or function and to cross-reference line items on this Attachment 1, Bid Proposal. These classifications are not reflective of Prevailing Wage Classifications and shall A. Personnel Contractor shall ascertain the appropriate DIR craft/classification prevailing wage rates (if applicable). Worker Classifications, as listed below, are used in this Agreement to

P01	**Lead Technician / Supervisor	Hour	1320	60.00	79200.00
P02	**Technician	Hour	2640	10.00	26 400,00
P03	**Operator / Driver (without equipment)	Hour	660	97.90	1011/014.00
	**Teamster/ Driver (without equipment and as specified in Exhibit A,			5	
P04	Section 8 (b)(4))	Hour	660	97,90	104/014.00
P05	**Laborer (as specified in Exhibit A, Section 8 (b)(5))	Hour	660	10,00	tologo
The follow	The following items shall be inclusive of the Hourly Rates as applicable:				A 00:00

The following fields shall be inclusive of the mourly kates as applicable:

- The cost of employer payments to or on behalf of employees, travel, compensation insurance premiums, unemployment contributions, social security taxes, Agreement bond premiums, and any other taxes or assessments INCLUDING SALES AND USE TAXES required by law or otherwise shall be included in the Agreement rates and no additional allowance will be made thereof, unless separate payment provision should specifically so provide.
- 30 All costs associated with materials/supplies as described in Exhibit A, Scope of Work, shall be included in Contractor's personnel rates.
- equipment, hand tools, hand truck, "Hudson style" compression sprayer, and forklift) to remove, transport and legally dispose of waste substances and other materials generated at Caltrans Rates include all personal protective equipment (PPE) (level C and D), completion of quarterly reports, chain of custody, and incidentals required to test, identify, reduce contamination, and maintenance facilities or sites otherwise designated by Contract Manager. neutralize waste. Incidental materials include labels, manifests, packing absorbents, drum liners, and incidental testing materials. Tools and small testing equipment includes all incidental hazcat

B. E	B. Equipment (Hourly Costs cover Non-Operated Equipment as Noted)				
E01	1 ton truck or less	Hour	850	. 1	85.00
E02	Bobtail Truck	Hour	530	6	53.80
E03	40 drum gear truck with lift gate	Hour	530	0	53.00
E04	Tractor and Trailer minimum 40ft. With lift gate	Hour	990	6	09 00
E05	Single bin transport truck	Hour	330	0	33.00
E06	Dual bin transport truck	Hour	330	6)	73,00
E07	Water Truck (min. 1,000 gal capacity)	Hour	660	6	66.00
E08	Pressure Washer	Hour	660	6	66,00
E09	Vacuum Truck (110-130 barrel capacity), (Refer to Exhibit A, Section 9 B)	Hour	530	6	53.00
E10	Vacuum Truck (10-100 barrel capacity), (Refer to Exhibit A, Section 9 B)	Hour	530	0	53.00
E11	Positive Displacement Unit truck (i.e. Vactor truck (Refer to Exhibit A, Section 9 B)	Hour	530	8	00.60
		A+B +B		(1) = Subtotal Cost (Column F, Page 1)	647.00
				(100 (00mmin 1, 100 m)	2000

# ATTACHMENT 1

Number Column M05 M04 M03 M02 M01 Item A **Materials** Poly drums, 30 gallons Poly drums, 5 gallons Metal drum 85 gallons overpac Metal drum 55 gallons (new or reconditioned) Tri-wall containers Description Column B Bid Proposal for Hazardous Waste Agreement Each Each Each Each Each Measure Unit of Column C Quantity Column D 990 20 20 20 130 Cost is per unit of measure) 35.00 45,00 10.00 10,00 10,00 Column E Cost Unit (unit cost multiplied by estimated quantity) 00'055 ht 3250.00 20,00 200,000 200,00 Amount Column F Total

D. Inc	D. Incidentals <sup>**</sup>		
I01	Disposal Fee	actual costs	\$250,00.00
I02	Per Diem	actual costs	\$3,000.00
103	Lab and incidental (per Exhibit B, Section 6) Costs	actual costs	\$3,000.00
*Contracto	*Contractor will be reimbursed for the actual costs as noted in I01-I03 (including applicable sales tax) without additional allowance for markup. These costs are to be substantiated by a copy of the appropriately signed	C+D = Subtotal Cost (Column F, Page 2) $307,100.00$	307,100.00
invoice veri	invoice verifying the actual costs.  (1) The above quantities are estimates only and are given as a basis for comparison of hids. No grammates is		
made o	made or implied as to the exact quantity that will be needed.		701011
(2) In case	(2) In case of discrepancy between the unit price and the total set forth for a unit basis item, the unit price shall	TOTAL COST (A - D Subtotals)	249,115,00

M09

20 Cubic Yard Bins (covered)

Stericycle 1 Gal Sharps Containers (mail back) Stericycle 1 Qrt Sharps Containers (mail back)

Each

Each Each

60

45.00

3700,000

0

0

0

0

Per Month

(for 39 bins)

0

0

M07 M06

Poly drums, 55 gallons

All line items must include a bid price.

**<sup>4</sup> 3** Any bid may be rejected if it is unreasonable as to price. Unreasonable of Price includes not only the total price of the Bid, but prices for individual line items as well.

### **ATTACHMENT 3**

State of California—Department of General Services, Procurement Division GSPD—05–106 (REV 08/09) Verbal Version

·ω			2.	1		<del></del>	
CERTIFICATION: By signing this form, I certify under penalty of perjury that the information provided is true and correct.  Printed Name: Date Signed:		1058-804-96 CANAD SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVEN SOLVE	If no subcontractors will be use Subcontractor Name, Contact Person, Phone Number & Fax Number	c. If you are a California certified DVBE:	b. Will subcontractors be used e.g., list the proposed products identify which solicited services builded with the proposed products identify which solicited services identified the solicited services identifie	Prime bidder information (Revi a. Identify current California c	Allard Environmental Services
is form, I certify under penalty		PA #58 CAGHATA CHAHATA	If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):  Subcontractor Name, Contact Person, Phone Number & Fax Number & & Email Address & NVSA, DVBE or None)  WSA, DVBE or None)  Work performed or goods provided Gorresponding Good S1% (NVSA, DVBE or None) For this contract Work performed or goods provided Work performed Work	ed DVBE: (1) Are you a broker or agent? <b>Yes</b> (2) If the contract includes equipme provided in this contract (quantity a	b. Will subcontractors be used for this contract? Yes No (If yes, indicate the distinct element of work <u>your firm</u> will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.  DIATO WILD STAM ALLOW DIFFER DIFFORD THE TOWN OF THE TOWN OF THE TOWN PARAMETER.	Prime bidder information ( <b>Review attached Bidder Declaration Instructions prior to completion of this form</b> ):  a. Identify current California certification(s) (MB, SB, NVSA, DVBE): SB or None (If "None", go to I	
of perjury that the i	>	#JOBE REPORT	therwise, list all subco CA Certification (MB, SB, NVSA, DVBE or None)	<ol> <li>Are you a broker or agent? Yes \(\sum \text{No}\) \(\sum \text{No}\)</li> <li>If the contract includes equipment rental, does provided in this contract (quantity and value)? Yes</li> </ol>	(If yes, indicate the distinct our firm owns the transportat se additional sheets, as necess.)  HIP A PIAWN ON $BE$	on Instructions prior $\overline{VBE}$ : $\overline{SB}$ o	BIDDER DECLARATION
nformation provided is true		Rolloff sinces	ntractors for this contract. (At Work performed or goods provided for this contract	(1) Are you a broker or agent? <b>Yes \(\) No \(\)</b> (2) If the contract includes equipment rental, does <u>yo</u> ur company own at least 51% of the equipment provided in this contract (quantity and value)? <b>Yes \(\) No \(\) N/A</b>	I(If yes, indicate the distinct element of work <u>your firm</u> will perform in this contract ur firm owns the transportation vehicles that will deliver the products to the State, additional sheets, as necessary.  FIF A PIMON OF THE THE FRANKPANTHAM	r to completion of this form): or None [[] (If"None",go to Item #2)	NO
and correct.  Date Signed:		7%	tach additional p	at least 51% of tl	firm will perform in this deliver the products to the products to the second se	tem #2)	
3/17			pages if necessary):  Good 51% Standing? Rental?	he equipment	in this contract cts to the State,		

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